PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax \$771-273-288\$

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as might add unless corrected below, or directed observation in Block II. We do specifying a new correspondence address as new parts of the public property of the pu

maintenance fee notificati		KIWISC III DROCK 1, 05 (c		-	and or (b) morearing a sept		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
22879	7590 09/09	/2008	nave				
HEWLETT PAGE P O BOX 272400 INTELLECTUAL	l he State adde trans	reby certify that thi	ificate of Mailing or Trans is Fee(s) Transmittal is being ith sufficient postage for fin Stop ISSUE FEE address FO (571) 273-2885, on the d	e deposited with the United			
FORT COLLINS	, CO 80527-2400			Debbe	DALLAND	(Depositor's name)	
			П	t Diric	SAMO	(Signature)	
				11 13/08	5	(Diste)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/775,517	02/09/2004		Don Michael		200314165	1062	
TITLE OF INVENTION:	PACKAGE FOR A M	ICRO-ELECTRO MECH	IANICAL DEVICE				
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/09/2008	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS]			
FULK, STEVEN J		2891	438-051000				
1. Change of correspondence address or indication of "Tee Address" (37 CFR 1 363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Tee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patient front page, list (1) the names of up to 3 registered patient altorneys or agents OR, alternatively. (2) the name of a night firm (having as a member a registered storney or agent) and the names of up to listed, no name with perinted.				
	ess an assignee is ident in 37 CFR 3.11. Comp ENEE Development Co	ified below, no assignce pletion of this form is NO ompany, L.P.	(B) RESIDENCE: (CITY Houston, Texas	atent. If an assignment. and STATE OR C	ce is identified below, the d OUNTRY) reportation or other private gr		
4a. The following fcc(s) a lssue Fee Publication Fee (No Advance Order - #	o small entity discount p		b. Payment of Fec(s); (Please first reapply any previously paid issue fee shown above) \[\begin{array}{l} \text{Arcki is enclosed.} \\ \begin{array}{l} \text{Payment by recide (and Form PTO-2038 is attached.} \\ \ext{MThe Director is hereby substituted to charge the required fie(s), any deficiency, or credit any overpayment, to Deposit Arccount Number \(\frac{\mathcal{P}_{N-D}}{\mathcal{Q}_{N-D}} \), (enclose an extra copy of this form).				
	SMALL ENTITY state	is. See 37 CFR 1.27.			L ENTITY status. See 37 C		
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if req ecords of the Linited Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than t Office.	he applicant; a regi	stered attorney or agent; or the	he assignee or other party in	
Authorized Signature / My My Date 11/13/2008 Typed or printed name 11/11/2/19 Registration No. 42, 919							
				retain a benefit by the timated to take 12 r vidual case. Any co er, U.S. Patent and O THIS ADDRESS	ne public which is to file (anninutes to complete, includir minutes to the amount of int ITrademark Office, U.S. Dep SEND TO: Commissioner fisplays a valid OMB control		